457 DEFERRED COMPENSATION PLAN AMOUNT OF DEFERRAL CHANGE FORM



To the Employer: ICMA-RC provides this form for your convenience. You do NOT have to use it if you prefer your own internal method for employees to request changes in their payroll deduction amount.

To the Employee: Use this form to make changes in the amount of your deferral to your ICMA-RC 457 Deferred Compensation Plan.

Once you have completed this form, please submit it directly to your employer for payroll deduction updates.

You should have already established an ICMA-RC deferred compensation plan account. **If not, please be sure to complete the 457 Deferred Compensation Plan Employee Enrollment Form** and promptly return it to your employer. The enrollment form must be completed and submitted **before** deferrals can start.

Normal Deferral: IRS regulations allow you to defer the lesser of (1) 100% of your gross compensation less any Section 414(h) picked-up employer contributions, or (2) a dollar limit in effect for that year. This limit includes any employer contributions made on your behalf. Only future compensation may be deferred.

Catch-Up Provision: As you near retirement, you may make additional contributions under the "pre-retirement catch-up provision" (up to double the amount of the normal contribution limit in effect for that year) **OR** the "age 50 catch-up provision". Note: The "pre-retirement catch-up provision" and "age 50 catch-up provision" cannot be combined in the same plan year. Please read ICMA-RC's 457 Catch-Up Provision packet for more information.

For the dollar limits applicable, please log on to www.icmarc.org or contact Investor Services at 1-800-669-7400.

Employee Name:	Employee ID or SSN:
Employer Name:	State:
I authorize my employer to defer% or \$ from my pay each pay period to be contributed to my ICMA-RC account. Change to be effective on//	
Catch-up contributions: Please indicate ONE of the following susing: "pre-retirement" provision	types of catch-up rules you are
"age 50" provision Employee Signature	Date
Employer Signature	Date
Note: Please do not forward a copy of this form to ICMA-RC. This form is for employer use only.	